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PRIVATE SOCIAL WELFARE'S DISENGAGEMENT FROM THE POOR--THE CASE OF FAMILY ADJUSTMENT AGENCIES.

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TWO POSSIBLE EXPLANATIONS FOR THE MAGNITUDE OF THE DISENGAGEMENT FROM THE POOR BY PRIVATE SOCIAL WORK AGENCIES ARE THE CONCERN THE SOCIAL WORK PROFESSION FOR ITS OWN STATUS, WHICH HAS LED IT TO SEEK A MORE PRESTIGIOUS CLIENTELE, AND THE FEELING THAT THE PSYCHOLOGICAL TECHNOLOGY OF SOCIAL WORK IS MORE AMENABLE TO MIDDLE-CLASS THAN TO LOWER-CLASS SOCIALIZATION. ONE "CONSERVATIVE" EXPLANATION FOR THE PROBLEMS OF THE POOR IS THAT THESE PROBLEMS ARISE OUT OF PERSONAL RATHER THAN INSTITUTIONAL DEFICIENCIES. THE CONSERVATIVES THUS SAY THAT THE POOR CANNOT BE HELPED BECAUSE THEY DO NOT RECOGNIZE THE CAUSES OF THEIR PROBLEMS. THE AUTHORS CONCLUDE THAT CONFLICT HAS ARISEN BETWEEN THE AGENCIES AND THE POOR BECAUSE THE POOR SEE THEIR PROBLEMS AS CONCRETE AND WANT DIRECT SERVICE WHEREAS THE SOLIDLY MIDDLE-CLASS AGENCY IS PSYCHOLOGICALLY ORIENTED AND IS PREPARED ONLY TO TALK, NOT TO PROVIDE PHYSICAL SOLUTIONS TO PROBLEMS. THE RESULT IS THAT PRIVATE AGENCIES RELIEVE THEMSELVES OF THE RESPONSIBILITY OF HELPING THE POOR BY REFERRING THEM TO ALREADY OVERBURDENED PUBLIC AGENCIES. A BIBLIOGRAPHY OF 50 REFERENCES LISTS PERTINENT WORKS, MANY OF WHICH ARE DISCUSSED IN THE BODY OF THE PAPER IN AN HISTORICAL OVERVIEW OF THE ACTIVITIES OF SOCIAL WORK AGENCIES FROM 1900 TO 1960. (MR)

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# PRIVATE SOCIAL WELFARE'S DISENGAGEMENT FROM THE POOR: THE CASE OF FAMILY ADJUSTMENT AGENCIES

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## Introduction

In recent years, a general disengagement from the poor on the part of private social-welfare agencies of many types appears to have taken place. This development does not characterize all agencies, to be sure, but it is sufficiently pervasive to cause concern in a field which has traditionally awarded the giving of service to low-income people a high priority.

At a time when poverty is once again a focus of national concern, it is important that the private agency field take stock of its priorities in service. Private social welfare has now, as several decades ago, a critical role to play in the solution of this major problem in American society. It can assume that role once again only if it confronts, understands, and reverses the growing pattern of disengagement from low-income people.

One of the tragic aspects of the current situation is that many agencies which in fact serve a predominantly middle-income clientele continue to speak and to raise money in the name of the poor. An illusion is thus generated that these agencies give service to the poor. This illusion of service has disastrous consequences for low-income people. Since they are hardly being served at all, let alone served effectively, their problems often persist or worsen. And since, in the public mind, the social-welfare system exists to serve the poor, the disadvantaged, and the disenfranchised, mounting social problems among these groups, despite the outpouring of money ostensibly intended to aid them, may lead the public to question the efficacy of social services. The public may then call for punitive and repressive measures, for how else can the stubbornly intractable poor be contained? Thus the illusion that the poor are being served may jeopardize the maintenance of the social-welfare enterprise itself. In this manner the poor may be victimized unintentionally by institutional systems ostensibly organized to promote their well-being.

The evolution and magnitude of the trend away from the poor can be shown with respect to a number of kinds of private agencies -- from those in the field

of recreation[1] to those providing help to families. In this paper, the case of private family-adjustment agencies will be examined, although other categories of private agencies could just as easily have been taken up.

To comprehend the full force of this trend, it is necessary to put the matter in historical context. The first part of this paper therefore presents data on agency activities for four time periods: 1900-33, 1933-41, 1941-50, and 1950-60. For each of these time periods, data have, for the most part, been organized broadly under four headings: (1) agency definitions of function (statements about agency goals, desired clientele, preferred types of service, etc.); (2) background data on applicants for service, and the kinds of service requested by them; (3) background data on applicants accepted for service (that is, persons selected to become agency clients); and (4) the services actually given by agencies to these clients.[2]

Two possible explanations for the disengagement from the poor by private family agencies are considered in the second part of this paper. One line of explanation is that its own lack of prestige has led the social-work profession to seek a more prestigeful clientele. Another explanation is that the

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1. The evolution and magnitude of the trend away from the poor can also be shown with respect to a number of other kinds of private agencies. In the field of groupwork and recreation for example, see, Elizabeth Douvan and Carol Kay, Adolescent Girls, Ann Arbor, Michigan: Survey Research Center, University of Michigan, n.d.; Elizabeth Douvan, A Study of Adolescent Boys, Ann Arbor, Michigan: Survey Research Center, University of Michigan, for the National Council, Boy Scouts of America, n.d.; Sidney G. Lutzin, "The Squeeze Out! -- Recreation's Abdication of Responsibility, "Recreation, LV, 8, (October 1962), pp. 390-92; University of Maryland, Division of Social Sciences, A Survey of Leisure Activities and Interests of Teen-Age Youth in the Washington Metropolitan Area, Part I, October 1960; Program of the Girl Scouts of the U.S.A., Ann Arbor, Michigan: Survey Research Center, University of Michigan, September 1958. By and large, these studies show a pronounced tendency among agencies to serve middle-income young people.

2. These cannot be regarded as hard-and-fast categories, since secondary data collected from a number of different studies rarely conform to the needs of the secondary analyst. Thus certain studies provide data on, say, the background of applicants as compared with that of clients. Some look at clients' perceptions of their problems, others at social workers' perceptions of the clients' problems, and still others compare the two. Generally, however, this categorization has been useful.

psychological technology of social work today is more compatible with middle-class than lower-class socialization, with the result that social workers feel that they get better results with middle-class people. Their technology then disposes social workers to seek out this clientele.

How private family agencies define the failure to engage the poor is the subject of the final section. Here it is suggested that the agencies typically take the poor to task, attributing the small proportion of low-income people in private-agency caseloads to their lack of knowledge and sophistication regarding mental hygiene. These "conservative" definitions, we contend, are designed to absolve agencies of responsibility for this state of affairs and to buttress the growing pattern of disengagement.

## The Trend Away from the Poor

### 1900 - 1933

It is very difficult to describe accurately the socioeconomic status of clients of family agencies during the first three decades of the twentieth century. Most available data are narrative rather than statistical, and what statistical data are available are not wholly reliable, owing to changes in the methods of keeping statistics, ambiguous use of terms, and other technical difficulties. One must therefore draw inferences from a mass of essentially uncomparable materials. Although conclusions based on such inadequate sources must be tentative, the evidence is nevertheless strong that agencies during these years were focused almost exclusively on giving service to the poorer classes.

Agency definitions of function. The family agency in the United States had its origins in the charity organization societies that sprang up all over America in the late 1880's. Optimism pervaded the statements of early leaders of the movement; the concept of rehabilitation of the individual and the hope of social reform were central to their philosophy; their ultimate goal was the elimination of poverty.[3] Specifically, the program of the charity organization societies embodied four major objectives: (1) to coordinate and establish cooperation

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3. For an excellent description of this orientation, see Margaret Rich, A Belief in People, New York: Family Service Association of America, 1956.

among charitable agencies; (2) to promote uniform criteria in the distribution of cash relief; (3) to change the existing order so as to eliminate poverty; and (4) to "bridge the chasm between fortunate and most unfortunate" by the "truest of all charity, personal interest in persons" (3, p. 14).[4] The emphasis differed from organization to organization, but the major features--service to the poor, and the elimination of poverty--were universal. In 1907, for example, the Charity Organization Society (C.O.S.) of the City of New York announced that among its aims was "to procure work for poor persons who are capable of being wholly or partially self-supporting" (1, p. 70). Employment bureaus, medical care, loans, day nurseries, penny savings banks, job training, housing for the homeless, activities in the field of health, industrial training, legal advice, lobbying for legislation on desertion and non-support, facilities for the mentally retarded, workmen's compensation--all these came within the purview of the early societies (3, pp. 21-30).

Characteristics and requests of applicants. As might be expected in light of these definitions of agency functions, applicants for service came largely from the lower socioeconomic strata, especially in periods of economic downturn. An analysis of the work of the C.O.S. of New York in 1908 reveals the characteristic relationship between the business cycle and the caseload of the agency. In the year 1908, compared with the depression year of 1907, there were "five times as many applications from homeless men, an increase of 73 percent in the number of families under the care of district offices with able-bodied men in 20 to 25 percent of families...long lines of callers asking where to go for work, how to collect wages due them, or how to get a small loan..." (2, p. 226). There were smaller deposits in the Penny Provident Fund and heavier withdrawals.

Characteristics of clients. In the 25-year period before 1907, most of the families known to the C.O.S. on a continuing basis were reportedly of the lower economic classes (2, p. 241). Statistics on the caseload of various departments of the society confirm this assertion (1, p. 84). In 1906, for example, 3,214 of

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4. Throughout this paper, the first number in the parentheses following a quotation refers to the numbered bibliography beginning on p.51 . The second number, or set of numbers, identifies a page or pages in that citation.

the 4,797 applicants (67%) to the Joint Application Bureau were homeless. Of these, 755 were referred to district offices for relief and 1,545 were referred to the Association for Improving the Condition of the Poor for other concrete services. The homeless were usually between 20 and 40 years old, and their requests were for temporary work, hospital care, meals, or temporary lodgings.

Services to clients. According to Brandt, agencies during the first decade of this century were so overwhelmed by the problems of widespread poverty that they could give only temporary cash relief and could not afford to keep together families that needed long-term economic help. Nevertheless, their services were directed to the poor, and these services were concrete. For example, as Table I shows, C.O.S. expenditures for cash relief from 1910 to 1936 ranged between 40 and 65 percent of the total agency expenditures (including administration). In the late 1930's a substantial decline began which presaged the end of cash-relief giving by private family agencies.

In summary, for the first thirty-odd years of the century, family agencies were very much in the relief business, the business of helping economically distressed persons and families through direct cash payments. In addition, they provided concrete assistance with a wide variety of other reality problems, from finding employment to locating suitable housing. The characteristics of persons who applied for such service and who were selected for help are self-evident: they were the economically distressed.

1933 - 1941

The opening years of the fourth decade of this century saw the Great Depression and the assumption by public authorities of responsibility for relief. It is to the period immediately following that we shall now turn our attention.

Changing agency definitions. As a result of the government's assumption of responsibility for relief following the depression, the family agency attempted to put forth a new definition of itself--a definition in which help with psychological problems was central, so that the historic emphasis on cash relief and other concrete services was downgraded.

Previously, agencies typically categorized persons applying for help as those seeking relief only, those seeking relief plus service, and those seeking

Table I.

Distribution of C.O.S. Funds, 1910-39

| Year | Cash Relief | Other Social-Work Services and Administration |
|---|---|---|
| 1910 | 48.37% | 51.63% |
| 1911 | 45.17 | 54.83 |
| 1912 | 41.09 | 58.91 |
| 1913 | 44.81 | 55.19 |
| 1914 | 45.40 | 54.60 |
| 1915 | 47.40 | 52.60 |
| 1916 | 44.50 | 55.50 |
| 1917 | 44.90 | 55.10 |
| 1918 | 48.61 | 51.39 |
| 1919 | 49.70 | 50.30 |
| 1920 | 50.24 | 49.76 |
| 1921 | 50.61 | 49.39 |
| 1922 | 44.20 | 55.80 |
| 1923 | 39.91 | 60.09 |
| 1924 | 42.97 | 57.03 |
| 1925 | 44.30 | 55.70 |
| 1926 | 42.26 | 57.74 |
| 1927 | 44.41 | 55.59 |
| 1928 | 47.63 | 52.37 |
| 1929 | 46.07 | 53.93 |
| 1930 | 48.28 | 51.72 |
| 1931 | 61.12 | 38.88 |
| 1932 | 65.92 | 34.08 |
| 1933 | 65.06 | 34.94 |
| 1934 | 62.68 | 37.32 |
| 1935 | 52.38 | 47.62 |
| 1936 | 46.96 | 53.04 |
| 1937 | 36.88 | 63.12 |
| 1938 | 30.54 | 69.46 |
| 1939 | 30.46 | 69.54 |

Source: Lillian Brandt, Growth and Development of A.I.C.P. and C.O.S., Report to the Committee on the Institute of Welfare Research, New York: Community Service Society of New York, 1942, p. 327.

service only. Prior to the late 1930's, the largest group of applicants wanted cash relief. As the depression wore on, agencies began to proclaim that they would also welcome the opportunity to work with people who were not financially dependent--that is, people who wanted "service only."

In 1935, for example, the Associated Charities of Cleveland let it be known that referrals for "service only would be welcomed" (21, p. 298). That same year the agency changed the name of one district office to "Family Consultation Service." In June 1935, Associated Charities adopted the subtitle "Institute of Family Service" and sent out a brochure offering family counseling to "all who desire it, whatever their social or financial status" (21 p. 301, emphasis added).

This trend in the direction of counseling was apparent in other agencies as well. In 1934, for example, the C.O.S. of New York decided to spend more effort in serving that segment of the population "whose difficulties are other than economic ones." It organized an "Institute of Family Service," so named to emphasize the fact that the service was "intended for all who have family and personal problems" and to remove "any barrier that the word 'charity' might present" (2, p. 245). The Associated Charities of Cincinnati in 1935 listed as one of its goals "to extend its casework services to economically independent families" (4, p. 4). The Family Society of Seattle, in its Manual for 1934, vowed to see to it "that a family threatened with maladjustment is not overlooked because it is economically independent" (3, p. 42). And in 1938, in his Social Survey of Pittsburgh, Philip Klein wrote, "Since public agencies carry the primary responsibility for relief administration, the great marginal income group not on relief offers a more distinct opportunity and challenge for casework service by the voluntary agency" (17, p. 635).

Characteristics and requests of applicants. Despite the gradual redefinition of their function, however, private family-welfare agencies were compelled throughout the postdepression period to take account of the severe economic needs in the population. The most frequent request, in this period, as earlier, was for financial help. Hence agencies were not able to implement their new policy emphasis on "service" rather than "relief." An intake study conducted by the Jewish Social Service Association of New York in June 1935 indicates,

for example, that for 259 of the 607 applicants (43%), financial need was dominant (15, p. 2). A report of the Special Committee of the Intercity Conference of Pennsylvania, distributed in February 1937, shows that an average of 60 percent of the requests to the 12 agencies studied were for relief only (16, pp. 7-8). In November 1938, the Family Welfare Association of Springfield, Massachusetts, reported that 209 of the 279 applicants (74.9%) had as their chief request financial assistance--either direct or in the form of federal surplus-commodities cards (12, p. 8).

The situation was much the same elsewhere in the country. Table II shows the services requested by the 34 applicants to the Baltimore Family Welfare Association in February 1934.

Table II

| | |
|---|---|
| Financial help because of unemployment | 12 |
| Help in filling out applications for work | 8 |
| Financial help because of illness | 3 |
| Plan for children | 3 |
| Burial expenses | 2 |
| Advice about domestic situation | 2 |
| Money for business | 1 |
| Help in collecting money owed them | 1 |
| Old-age assistance | 1 |
| Milk for a sick woman | 1 |

Source: Family Welfare Association of Baltimore, Maryland, Study of Intake, February, 1934.

Every problem listed, possibly excepting "advice about domestic situation," involves the need for financial help or some other concrete service.

According to a study in November 1937, the applicants to the Family Society of Philadelphia presented financial problems, among others, with the sources indicated in Table III.

Table III*

| | | |
|---|---|---|
| I. | No income | |
| | a. Unemployment | 14.0% |
| | b. Illness or accident | 2.7 |
| | c. Public-assistance check not received | 1.8 |
| | d. Imprisonment of wage earner | 1.1 |
| | e. Wage earner laid off by W. P. A. | 0.9 |
| | f. Desertion by wage earner | 0.8 |
| | g. Old age | 0.3 |
| | h. Other reasons | 4.4 |
| II. | Insufficient income | |
| | a. Part-time or temporary unemployment | 11.9% |
| | b. County Relief Board grant too low | 11.1 |
| | c. Illness in family | 4.6 |
| | d. Wages too low | 4.3 |
| | e. Serious emergency | 0.6 |
| | f. Court order not paid regularly | 1.4 |
| | g. Wage earner irregular in support | 0.3 |
| | h. Workmen's compensation difficulties | 0.2 |
| | i. Other reasons | 16.1 |
| III. | Debts | 1.4 |
| IV. | Problems primarily non-financial | 9.6 |

Source: Family Society of Philadelphia, Pennsylvania, Review of Applicants, November, 1937.

*Table does not total 100% since 12.5% of the cases indicated no data as to reason, or two or more reasons.

In summary, changes in agencies' definition of their function (and consequently of desired clientele) were not paralleled by significant changes in the characteristics of applicants or the services they requested in this period. Requests for economic aid and concrete services--that is, requests made by the poor--continued to predominate.

Characteristics of clients. In the period between the depression and World War II, agency clients--that is, those persons selected from applicants--still

tended to be chiefly low-income people. In seven of the eight agencies they studied in 1935,[5] for example, Witmer and her colleagues found that most clients were relatively poor--skilled, semi-skilled, or unskilled laborers (22, pp. 157-62). The sole exception was the Evanston, Illinois, Family Welfare Association, which had a high proportion of clients belonging to the upper economic classes. Witmer concludes:

> Combining these indices of socioeconomic level, we find that the clients of the Milwaukee, Philadelphia, and Eastchester agencies were apparently the most severely handicapped, as judged by the proportion that had many agency registrations, that were known to relief agencies before 1930, that were now on relief, and that belonged to the lower occupational groups. Next in order seemed to stand the clients of the Cincinnati and Newark agencies. In New Haven and Yonkers the indices told a rather confused story, there being few clients now on relief but many who had had relief during the depression period. The clients of the Evanston agency were clearly different from others, (in that) the proportions in the upper occupational levels, supported by the head of the family, and known to no other social agencies were much higher than in any other family agency (22, p. 157).

Even in Evanston, however, half the applicants were registered with other agencies, a third had been on relief during the depression, half had been supported by sources other than the head of the family, and only one quarter belonged to the professional or proprietor groups. Although Witmer was unable to account for some of these variations among agencies, "What is known," she concluded, "is that the clients were predominantly poor prople" (22, p. 162).

In a study of the socioeconomic status of clients of the Family Welfare Society of Boston in October 1935, Ruth Bennett found that the majority of clients were from the working classes. Unskilled laborers and domestic and personal-service workers were the most numerous occupational groups, followed by

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5. The Family Welfare Associations of Milwaukee, Wisconsin, and Evanston, Illinois; the Associated Charities of Cincinnati, Ohio; the Family Service of Philadelphia, Pennsylvania; the Social Service Bureau of Newark, New Jersey; the Yonkers (New York) Charity Organization Society; the Eastchester (New York) Neighborhood Association; and the Family Service of New Haven, Connecticut.

skilled and semi-skilled workers. Of those accepted for "major service," domestic and personal-service workers supplied 37 percent and skilled and semi-skilled workers 30 percent. A large majority of applicants were on relief, although few of the accepted cases had been known to social agencies before the depression (5, pp. 135-36).

The Family Service Society of Richmond, Virginia, also reported a majority of low-income cases in the late twenties and mid-thirties. In 1928 most of the wage earners known to the agency were unskilled, skilled, and semi-skilled laborers, in that order. In 1935 the unskilled still led the list (since unskilled laborers usually have trouble finding work), but they were followed by personal-service and domestic workers. This is explained by the fact that during the depression, skilled workers were able to find employment on public projects, while the demand for personal-service workers declined (13, p. 139). A similar trend was noted in the Family Service Association of Washington, D. C. Skilled and semi-skilled workers were most numerous among clients, and personal-service workers were second. A large majority were on relief, although, again, few had been known to agencies before the depression (6, p. 146).

Thus agency caseloads prior to World War II were still largely made up of low-income families and individuals.

Services to clients. Although the clientele of agencies prior to World War II was predominantly low-income, important changes were taking place in the kinds of services offered. The chief changes were the reduction of cash relief and the substitution of "service." The latter connoted: (1) concrete assistance with environmental problems of many kinds (housing, employment, health, education, etc.) and (2) psychological help with emotional problems of many kinds. As a consequence of these changing patterns of service, agencies gradually came to select clientele who wanted or could be persuaded to use such services.

The shift away from cash-relief giving was evident in many agencies. Thus the Saint Louis, Missouri, Provident Association, in a study of "Trends in Volume of Service, January-June 1936," noted a decline in the number of cases accepted for relief only despite a marked increase in both the total number applying and the total accepted. In the first quarter of 1935, 93.7 percent of the

caseload was receiving relief and only 6.3 percent service only; in the first six months of 1936 the distribution was 58.6 percent relief and 41.4 percent service. The report concludes, "The decrease in relief cases is due in part to closing some of the older cases carried over or transferring them to a public agency, and also to the acceptance of a larger number of applications for service in contrast to financial aid..." (20, p. 2).

Although agencies were gradually abandoning the giving of cash relief, the services offered continued to be predominantly concrete and meaningful to low-income people with manifold environmental problems. Thus low-income people continued to constitute the chief clientele of these agencies. For example, an intake study of the Wheeling, West Virginia, Family Service Association for October 1938 shows that 12 percent of the caseload received casework without expenditure of money. There is no indication of the income of these families, but in the description of their problems we note that one of the cases involved a mother of eight with no income and a feeble-minded husband; the service given was help in applying to the Department of Welfare. Another case involved an adolescent girl who was the sole support of a family of five; she was helped to get suitable employment. A third case concerned a pre-psychotic, financially dependent woman who was helped to find temporary shelter pending hospitalization. Thus even the cases which were not supplied with relief had clear-cut environmental needs which were met by agencies.

The Family Welfare Association of Peoria, Illinois, in a report covering October and November 1938, indicated how various categories of applications were acted upon (18). As Table IV shows, requests for financial aid accounted for the highest rate of non-acceptance. Furthermore, the chances of obtaining long-term care by the agency were a function of the nature of the request made: those seeking "service only" were much more likely than any other category to receive on-going attention from the agency.

In the Witmer study, it was found that agencies gave preference in intake to applicants requesting services over those requesting primarily economic assistance. Witmer concludes that in at least six of the eight agencies studied, the nature of the applicants' request was the major factor determining the likelihood of their receiving help (22).

Table IV

Type of Service Requested

| Agency Action | Aid Only | Financial Aid and Other Service | Service Only | Total |
|---|---|---|---|---|
| Accepted, long-term case | -- | 21 | 11 | 32 |
| Accepted, short-term case | 14 | 35 | 5 | 54 |
| Not accepted | 5 | 15 | 2 | 22 |
| Total | 19 | 71 | 18 | 108 |

Source: Flora Lander, Analysis of Applications to the Family Welfare Association of Peoria for October and November 1938, Peoria, Illinois: Family Welfare Association, November 1938.

This was also a period, however, when notions of "mental hygiene" services began to pervade the thinking of agencies. Hence agencies tended to favor the selection of clients who could use such services. For example, the intake study by the Jewish Social Service Association of New York in June 1935 shows quite clearly that the agency was eager to serve applicants who exhibited emotional disturbances. Although 259 of the 607 applicants with emotional disturbances plus family disintegration who were most likely to be served. Of the 153 applicants in this category, 134 (87.6%) were accepted for service. This group which comprised only 22 percent of the total applicants, furnished 65 percent of the actual intake for service (15, p. 3).

Furthermore, although "about 25 percent of the cases which the agency accepts for service are characterized by need for financial aid, health services, and employment," these cases did not constitute the group to which the agency rendered long-term service. "Within the first three months ( of 1935 ) their

number was reduced to 7 percent." By contrast, 63 percent of the cases characterized by emotional disturbances and family disintegration were still open at the end of three months, "indicating that the agency tends to select situations for continuing service from those characterized by these (psychological) descriptions of dominant need...." Although most of these families also presented a need for financial help or other concrete services, the services rendered were not primarily related to relief but to other forms of service--e.g., advice and information, assistance with emotional problems, and the strengthening of family ties (15, p. 2).

In Springfield, Massachusetts, in November 1938, the family agency began to reject many applicants on the ground that its function was not the "routine administration of palliative relief" but giving "casework service along mental-hygiene lines" and helping individuals and families to rehabilitate themselves. Relief only was given to 83 of the 209 cases requesting financial aid. For the remaining applicants for relief, referrals to public-assistance agencies were arranged (12, p. 8). We see here the beginning of a tendency on the part of private agencies to accept more readily cases with predominantly psychological problems and to relegate to a secondary position those needing financial and other concrete or environmental services.

As the trend toward mental-hygiene services set in, there were scattered indications of a correlative change in the income levels of clients. Thus Witmer shows that even in family agencies which served a predominantly low-income clientele, the few persons accepted for mental-hygiene services were drawn disproportionately from higher economic classes. For example, in Evanston 89 percent of the applicants of upper economic occupations were accepted as clients as compared with 56 percent of the laborers who applied. In Cincinnati the accepted figures were 45 percent of the upper-class applicants, 27 percent of the low-income applicants; in New Haven the figures were 90 percent and 75 percent, respectively. Witmer felt that this distribution did not indicate discrimination on the basis of economic status but reflected the fact that the problems presented to the agencies by the upper classes were more likely to fall within what the agencies increasingly considered to be their function (22, p. 157).

We can reasonably conclude that the thirties saw a definite reorientation of agency services away from cash relief, although concrete services designed to deal with other environmental problems still prevailed. This was also a period, however, in which mental-hygiene services began to get a foothold. Agency caseloads did not yet fully reflect this change, for many clients were still asking for and receiving relief and concrete services.

1941 - 1950

The history of private family agencies in the early forties is marked by a temporary re-emphasis on concrete services. The outbreak of war brought drastic changes in economic and environmental conditions which diverted agencies away from their nascent preoccupation with psychological services back into the realm of concrete environmental services.

By 1950, however, the trend away from economically dependent clients had become marked. Most agencies had by then abandoned the practice of making direct cash payments to clients for any purpose; indeed, many agencies began to charge fees for their services. The payment of fees, in turn, became defined as an important indicator of the client's motivation to seek and ability to use psychological help. Of those applying to agencies, persons who were not economically dependent and who were judged good prospects for the use of a psychologically oriented casework method were most likely to be selected for help.

Characteristics and requests of applicants, and agency response. The form in which the available agency data were collected for these years makes it convenient to present a review of the available studies in chronological order.

The war years brought certain new problems to private family agencies. For example, a study of application figures from the Milwaukee, Wisconsin, Family Service from 1939 to 1947 shows an increase in requests for placement of children (as a result of broken homes or working mothers) and for help in home management. Requests for day care of children and for help with problems related to military service were added to the customary roster (30).

As late as 1946, a study by the Wilmington, Delaware, Family Service covering the period from October 1, 1945, through December 31, 1946, showed that 73.6 percent of the applicants still requested financial help (32). These requests were broken down as shown in Table V.

Table V

Applications According to Requests, October 1945 - December 1946

| | | |
|---|---|---|
| I. | Financial help | 531 |
| | a. Maintenance | 302 |
| | b. Supplementation | 193 |
| | c. Special items | 15 |
| | d. Loans | 3 |
| II. | Environmental assistance | 123 |
| | a. Housing | 16 |
| | b. Family | 18 |
| | c. Educational or recreational | 82 |
| | d. Health services | 7 |
| III. | Counsel and information | 44 |
| IV. | Investigation | 17 |

Source: Wilmington, Delaware, Family Service, Intake Study, October 1945 December 1946.

A study conducted for the Institute of Welfare Research shows the distribution of problems as seen by client and by social worker for persons who applied to the Family Service of the Community Service Society of New York during March 1947 (25). As Table VI shows, in the self-view of the applicants, 54 percent had economic and employment difficulties. Even in the view of the social workers, the comparable figure was high--49 percent. However, of those applicants asking for economic aid, 48 percent were referred to public agencies, only 37 percent were accepted for further study, and 15 percent were rejected. No case in which economic maintenance was the only problem presented was accepted for further study. By contrast, 50 percent of the family-relations and mental-health cases were accepted for further service and 25 percent for further study.

By the late 1940's, agencies were noticing distinct changes in the nature of service requests. A growing number of persons applied for help with emotional rather than economic problems. Thus Keller noted a marked increase among

Table VI

Perceptions of Presenting Problems by Applicant and Social Worker

| | Applicant | Social Worker |
|---|---|---|
| Family relationships | 34% | 48% |
| Social and environmental | 31 | 34 |
| Mental health | 12 | 45 |
| Employment | 18 | 15 |
| Economic | 36 | 34 |
| Physical | 21 | 16 |

Source: Margaret Blenkner at al., A Study of Intake, Community Service Society of New York, Institute of Welfare Research, 1950.

Note: Columns total more than 100 percent because some applicants presented more than one problem.

applicants to the Family Service Association of America in the number and percentage of those seeking help with psychological problems. Requests for child care dropped from 25 to 20 percent, and requests for financial assistance and planning dropped from 25 to 12 percent of the applications (29). Likewise, a study of applicants to the Family Society of Cincinnati and Hamilton County, Ohio, in April 1947 indicates an increase in applications from economically independent clients. The largest occupational grouping of applicants continued to be skilled and semi-skilled workers, but there was an increase in applications from professionals, office workers, and salesmen. There were fewer requests for financial relief than in 1934 and 1940 (the years used for comparison), a larger proportion of cases asking for help with disturbed family relationships and individual personality adjustments, and an increase in requests for homemaker service as a result of physical or mental illness (23).

In summary, large numbers of low-income persons were still applying for financial and other concrete agency services during the 1940's, but an increase can be noted in many agencies in the number of applicants requesting counseling services. This change became especially apparent after the war.

Characteristics of clients and services received. Until late 1941, when the United States entered the war, the clients served by family agencies did not differ greatly from those served in the thirties. A study conducted by the United Charities of Chicago based on the continued-service caseload in that city in 1941 does not differ substantially from comparable reports produced in the thirties (31).

By August 1943, when the war was nearing the end of its second year, employment had picked up and applications to agencies began to change somewhat, as noted earlier; yet the clientele still appeared to be predominantly poor. An intake study prepared for the Family Welfare Service of Indianapolis, Indiana, reports that, relative to intake a year or two earlier, there were "comparatively few relief requests and almost none where that is the major problem" (27, p. 1). Yet 20 of the 32 continued-service cases during July had applied for relief as well as other services. This group was not asking for its major economic support from the agency but for supplementary help or temporary relief; yet "the problems are so closely related to the relief need that it would be difficult to separate the two" (27, p. 1). In many of these cases there were mental or physical disabilities which complicated the relief need. The 12 cases requesting services only had problems of child care, employment, personality, and care of the aged. Eight of the 32 continued-service clients had health problems, five were working mothers unable to care for their children, four had problems related to military service, four wanted help on discharge from a quarantine hospital, three were nonresidents needing immediate relief, and three were aged.

The majority of the 33 brief-service cases during July received a service rather than simply referral to another agency. Five needed relief, six presented problems concerning children or parent-child relations, four were unmarried mothers, two needed relief until payday, two were aged, two had housing problems, and the others had medical or personality problems. These problems were substantially the same as those characteristic of the thirties.

Cutler compared cases accepted by the New Haven, Connecticut, Family Service from September to November in the years 1937 and 1944 (26). The occupational status of clients in both periods was predominantly skilled or

semi-skilled. However, there was a startling decrease in the percentage of cases receiving financial assistance: only 2 percent received it in 1944 as compared to 30 percent in 1937. The percentage of clients receiving help with emotional problems rose from 26 in 1937 to 40 in 1944.

A drop in the proportion of clients receiving financial relief was also observed in the Family Welfare Association of Scranton, Pennsylvania. Jones, in a study covering the years from 1941 to 1944, reports a decrease from 65 percent of the caseload in 1941 to 45 percent in 1944. She felt that this decrease was a "reflection of the improved economic life of the community, the tendency of the public agency to assume more responsibility, and the family agency's policy of restricting intake to service cases primarily" (28, p. 148, emphasis added).

In spite of the improvement in economic conditions in the community, Jones found that many families could not participate in the new prosperity. "Over three-fourths of them (cases receiving relief) could not benefit from the bettered conditions because the wage earners were not employable. The reasons given for their unemployability were as follows: poor health, old age, personality difficulties...and the necessity of the mother, the sole parent in the family, remaining at home" (28, p. 148).

This study also points to inadequacies in public assistance, which compelled some private agencies to continue to give relief until the late forties. One third of the cases receiving public aid were faced with "reality needs that could not be met by the Department of Public Assistance." The agency thus allotted almost half of the total relief expenditures for food, plus grants for such maintenance needs as coal, clothing, and furniture. Such expenditures, reports Jones, left "little of the agency's funds...for therapeutic, educational or preventive measures" (28, p. 149).

Data on the volume of work of the Albany Jewish Social Service from 1941 to 1946 reveal a dramatic drop in the percentage of cases receiving relief plus service and a corresponding rise in the percentage receiving service only (see Table VII).

Other indications of changes in the clientele of private agencies in the late 1940's include the rise in the number of fee-charging agencies and fee-paying

Table VII

Percentage of Agency Caseload Receiving Relief Plus Service or Service Only, 1940-1946

| | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 |
|---|---|---|---|---|---|---|
| Total | 194 | 301 | 250 | 289 | 300 | 300 |
| Services requested: | | | | | | |
| Relief plus service | 41% | 35% | 32% | 34% | 16% | 20% |
| Service only | 59 | 65 | 68 | 66 | 84 | 80 |

Source: Albany Jewish Social Service, The Jewish Communal Survey of Albany, New York, 1946.

clients. The Family Service Association of Cleveland, for example, had 140 fee-paying cases in 1946, 325 in 1948, and 876 in 1952 (21, p. 393-94). This agency reports that the monthly average of families receiving financial aid fell from 68 in 1949 to 27 in 1950 and that the total amount of money expended for this purpose dropped from almost $7,000 in 1950 to a little more than $3,000 in 1952. As the Association was obviously pleased to announce, since 1933 it "had succeeded so well in spreading the new that financial assistance had all but vanished from its program" (21, p. 372).

1950 - 1960

The trends of the thirties and forties were solidified in the fifties. In that decade, the private family agency achieved a clientele representative of the total community, rather than just the lower or working classes, and a pattern of service in which psychotherapy or its variants were dominant. In this crucial period, the dimensions of the historic disengagement from the poor became unmistakably clear.

During the decade of the fifties, many agencies studied the demographic characteristics of their clientele. Nevertheless, the data are still sparse. In

the studies that are available, insufficient discussion of methodology and differences in indices and cutting points for social class continue to make comparisons difficult.[6] The material for this section comes essentially from the following sources:[7]

1. The Buffalo Self-Study of Social Adjustment Services (35) is a study of selected family-relationship agencies, travelers and transients services, maternity services, and adoption service in Erie County. Applicants for service in March 1954 were grouped according to area of residence. Residential areas, in turn, were classified by the use of an "Index of Socio-Economic Favorability," of which there is no description or methodological discussion in the report. The total population of Erie County at the time was 999,850, and there were 18,624 applicants for service.

2. The Family Service Study of Continued Treatment Service Cases (39), an unpublished study conducted by the Family Service of Milwaukee, considers 200 cases to which the social-class definitions developed by Hollingshead and Redlich (41) were assigned.

3. Henry S. Maas, "Socio-Cultural Factors in Psychiatric Clinic Services for Children" (43), analyzes the records of 654 families which had some contact with at least one of nine psychiatric clinics in the New York and San Francisco metropolitan areas. Interviews were conducted with parents in 220 of these families. The study also draws on data from two earlier pilot projects conducted during a 24-month period at four San Francisco psychiatric clinics serving children. In the pilot projects, a sample of 351 records was drawn from among all children's cases in which the initial appointment had been made during the two-year period. "The United States Census occupational categories of operatives, service workers and laborers, plus all relief recipients, were grouped as lower-occupational-status families. Professionals and proprietors or managers were grouped as upper-occupational-status families. Sales and clerical workers and skilled craftsmen or foremen made up the two middle occupational groups" (43, p. 5). In the latest study, occupational categories were (1) unskilled or semi-skilled workers, including relief recipients; (2) skilled workers and foremen; (3) white-collar workers; and (4) managerial and professional workers.

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6. For a telling discussion of the "research readiness of social agencies," the deficiencies in data on agency function and clientele, and the failure to appraise given services, see Martin Wolins, Welfare Problems and Services in Berkeley, California, Berkeley Council of Social Welfare and School of Social Welfare, November 1954.

7. Since this paper deals primarily with the social-work field, it does not discuss the important work of Hollingshead and Redlich in social psychiatry (41). However, their findings should be kept in mind as a supplement to the present paper.

4. Dorothy Fahs Beck, Patterns in the Use of Family Agency Service (33), contains data on 577 new cases collected from member agencies of the Family Service Association of America during the last week of April 1960. Each case was "followed for one year or until it was closed" (33, p. 1). Data on education of family head, occupation of family head (if employed), and annual income were considered separately. Five social classes were derived, based on Hollingshead's "Two-Factor Index of Social Position" (42). This index is based mainly on occupation and education but distinguishes between professional and managerial groups by considering family income. Thus a combined socioeconomic index results.

5. Joseph W. Eaton, "Whence and Whither Social Work? A Sociological Analysis" (36), presents secondary data on the income of client families of the Family Service Association of Cleveland.

6. Study of Telephone Interviews: Part II (37) is a review of 295 initial telephone contacts in 12 Family Service Association of America agencies with clients about whom the caseworker had no prior information. This study relates the client's initial request to disposition of the case. We assume that clients presenting major economic problems heavily represent the lower socioeconomic strata.

7. Jules V. Coleman, Ruth Janowicz, Stephen Fleck, and Nea Norton, "A Comparative Study of a Psychiatric Clinic and a Family Agency" (34), is a study of 270 applicants to the Family Service of New Haven or the Psychiatric Clinic of the Grace-New Haven Community Hospital from October 18, 1954, to January 18, 1955. Of these, 158 persons applied to the Psychiatric Clinic and 112, representing 99 families, applied to the Family Service Agency. Applicants were assigned social-class ratings based on the five-class Hollingshead system, which depends on ecological area of residence, occupation, and education (40).

8. Martin Wolins, Welfare Problems and Services in Berkeley, California (44), is a report on the annual income and socioeconomic position of 253 clients of five local agencies. Socioeconomic position was based on occupation and area of residence. Clients were assigned to four status groups: "Roughly, the lowest group (S.E.1) is composed of laborers; the second group (S.E.2) chiefly includes operatives, household and service workers; the next group (S.E.3) includes clerical and sales personnel, craftsmen and foremen; the highest group (S.E.4) includes professional and technical workers" (44, pp. 38ff., n.8).

The three most commonly used indicators of social class are income, education, and occupation. Some studies use area of residence as well. Others derive an S.E.S. index from a combination of these factors. Let us look at these indicators separately to see how they are represented in agency caseloads.

Income and agency caseload. In her analysis of the annual income of FSAA clients, Beck was struck by the similarity in income distribution between clients as a group and the general population. "Only 7 percent of the agency cases were

receiving public assistance at the time the study was made. Clearly, the image... that agencies serve primarily the grossly underprivileged does not fit the facts'' (33, p. 11).

Wolin's analysis of the annual income of Berkeley agency clients yields similar findings:

> Although the distribution of annual incomes in Berkely-Albany is distorted by the high percentage in the ''less-than $1,000'' interval--due, in part, to the large student population of the Area--the client-income distribution is almost parallel with that of the total population (44, pp. 66-67).

Eaton's study of the Family Service Association of Cleveland includes the data presented in Table VIII. He interprets the findings as follows:

> Family Service societies, under lessening pressure to give financial assistance, have developed more extensive counseling, homemaking, and parent-education programs. For example, an analysis of income level of clients of the Family Service Association in Cleveland in 1954 disclosed them to be similar to that of the general population of the city and its suburbs in Cuyahoga County (36, p. 25, emphasis added).

The Family Service Association of Indianapolis reported in a 1955 follow-up study: ''The clients studied were representative of a broad range of economic and social backgrounds, fortifying the Association's assumption that it is serving close to a cross-section of the community'' (38, p. 4).

Education and agency caseload. In the FSAA study, Beck presents data on the educational level of the family heads represented in the agency sample as compared with census material on the general United States population:

> It is...evident that agency clients tend to be somewhat better educated than the general population. Proportionately fewer family heads in applicant families have not gone beyond elementary school than in the case of the general population. On the other hand, many more have graduated from high school and college. The median years of school completed by agency family heads was 12.2 years, while the corresponding figure for the United States was 10.9 years (33, p. 9).

Occupation and agency caseload. Concerning the occupational levels of the employed heads of agency families and comparable data for the general

Table VIII

Annual Income of Client Families
Compared with That of County Population

(N=4,519 families, 14,913 individuals)

| Annual Income | Clients of FSA | Population of Cuyahoga County |
|---|---|---|
| Less than $2,000 | 26% | 24% |
| $2,000 - $3,999 | 39 | 37 |
| $4,000 - $5,999 | 25 | 23 |
| $6,000 and over | 10 | 16 |

Source: J. W. Eaton, "Whence and Whither Social Work?" Social Work, I, 1 (January 1956), p. 25.

population, Beck comments:

> The comparisons show an unexpectedly mixed pattern. The client group is high both on the proportion of family heads in professional and technical occupations and on the proportion who were service workers and laborers. It is also high on clerical and sales workers and semi-skilled factory workers.... The greatest contrast (i.e., underrepresentation in agency families) is found in the fourth or middle category for "craftsmen, foremen, and kindred workers." These are the skilled blue-collar workers--the carpenters, painters, plumbers, electricians, etc. (33, p. 10).

On the matter of unemployment, Beck comments, "Ten percent of heads of client families were unemployed as compared with 4 percent in the general population at that time."

On the basis of his pilot study, Maas also compared the occupational status of clients and the general population:

> Among the 291 cases of known occupation, lower-occupational-status families made up 34 percent of the patient group; in the 1950 U.S. Census for San Francisco Bay Area, such workers were 33 percent of the working population. It was thus concluded that lower-occupational-status families do not make

relatively infrequent application to children's psychiatric clinics, at least in the San Francisco Bay Area.... It is of interest that upper-occupational-status families constitute 36 percent of the patient group. Such workers are 23 percent of the Area population. The middle occupational group (of sales and clerical workers) is low in the clinic sample... (in that these) workers are 30 percent of the population and only 14 percent of the patient group. Both of these...differences between...the United States Census data and...the clinic sample--the relatively high percentage in the clinic sample of managerial and professional workers and the relatively low percentage of white-collar workers--are statistically significant (t=5.20 and 5.92, respectively; d.f.=290; t=1.97 required) (43, p. 5).

Table IX

Occupation of Parent

| | New York | | San Francisco | | Total | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Managerial & professional workers | 114 | 36.8 | 80 | 32.1 | 194 | 34.7 |
| White-collar workers | 66 | 21.3 | 43 | 17.3 | 109 | 19.5 |
| Skilled workers and foremen | 38 | 12.2 | 53 | 21.3 | 91 | 16.3 |
| Unskilled and semi-skilled workers | 92 | 29.7 | 73 | 29.3 | 165 | 29.5 |
| Subtotal | 310 | 100.0 | 249 | 100.0 | 559 | 100.0 |
| Occupation unknown | 42 | - | 53 | - | 95 | - |
| Total | 352 | - | 302 | - | 654 | - |

Source: Henry S. Maas, "Socio-Cultural Factors in Psychiatric Clinic Services for Children," Smith College Studies in Social Work, XXV, 2 (February 1955), p. 26.

In a later project, Maas compared patients in New York and San Francisco clinics on the basis of parental occupation, as shown in Table IX. He notes that clinic families in both New York and San Francisco are characterized by occupation as follows:

> More than half of them are either managerial and professional people and/or unskilled and semi-skilled workers, and only about a third come from the lower-middle group of white collar and/or skilled workers. The white-collar (sales and clerical) workers are a significantly smaller percentage, and the managerial and professional workers are a significantly larger percentage of the clinic samples than they are of the total working population in San Francisco (43, p. 29).

To contrast the results of the pilot and later studies, Maas produced Table X. According to this table, the percentage of managerial and professional workers had decreased but was still the largest among the groups represented and was still disproportionately high relative to the Area population. White-collar workers increased in percentage but were still underrepresented. Skilled workers also increased in percentage and were overrepresented. Unskilled and semi-skilled workers decreased in percentage and were underrepresented.

Table X

Occupation in Study Samples and Area Population

(San Francisco only)

| | Latest Study | Pilot Studies | U.S. Census, San Francisco Area |
|---|---|---|---|
| Managerial & professional workers | 32% | 36% | 23% |
| White-collar workers | 17 | 14 | 30 |
| Skilled workers & foremen | 21 | 16 | 14 |
| Unskilled & semi-skilled | 30 | 34 | 33 |

Source: Maas, op. cit., p. 27.

Combined socioeconomic indices and agency caseloads. Some agencies use combined measures of socioeconomic status in describing their intake. For example, the FSAA study, using a modification of Hollingshead's "Two-Factor Index of Social Position," concludes:

> All social classes are users of Family Service. Roughly 9 percent of the families applying were defined as "upper class." The heads of families in this category typically have graduated from college, hold professional or managerial positions, and have incomes of $8,000 or more.
>
> The next three segments together constitute what might be called the "middle class."... Together these three groups constitute nearly half the total sample (33, p. 26).

The data on socioeconomic status in the Wolins study (based on occupation and area of residence) present a pattern similar to that offered by the Beck data if the upper-middle and middle classes in the latter are combined.

The Buffalo self-study attempted to show that "different elements of the community" enjoyed equal service opportunities; however, irregularities in the data made it impossible to appraise patterns of service accurately (35, p. 39).

The data on applicants gathered in New Haven by Coleman and his associates run counter to the trend elsewhere. There were no significant differences between the overall class-distribution of applicants in the two agencies examined ( a psychiatric clinic and a Family Service agency ); however, applicants in the lowest class (Class V)[8] were overrepresented in both agencies (especially the Family Service) compared to their proportion in the population of New Haven (see Table XI). "Class IV is proportionately underrepresented in both agencies, and in Family Service this is true of Class III also" (34, p. 7).

However, despite the overrepresentation of Class V persons as applicants, they "tended to receive less favorable consideration for continued treatment in the clinic, and also in Family Service although to a smaller extent" (34, p. 79).

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8. This classification is based on ecological area of residence, occupation, and education. See August Hollingshead, Elmtown's Youth, New York: John Wiley and Sons, 1949, and Jules V. Coleman et al., "A Comparative Study of a Psychiatric Clinic and a Family Agency", Social Casework, XXXVIII, 1 (January 1957), p. 5.

Table XI

Distribution of Population in Psychiatric Clinic, Family Service, and New Haven Area, by Class

| | Psychiatric Clinic | Family Service | New Haven Area, 1950 |
|---|---|---|---|
| N | 158 | 112 | 236,940 |
| Classes I & II (highest) | 8% | 12% | 12% |
| Class III | 18 | 8 | 20 |
| Class IV | 36 | 29 | 50 |
| Class V (lowest) | 38 | 51 | 18 |

Source: Coleman et al., op. cit., p. 7.

In summary, studies of the socioeconomic characteristics of clientele in private social-adjustment services reveal that the poor are no longer the chief target. Depressed economic groups are often underrepresented and are only rarely more than slightly overrepresented. It is clear that a major shift in clientele has taken place in the past several decades.

## The Public-Private Allocation of Clientele

The movement of private family adjustment agencies away from low-income people is nowhere better revealed than in an examination of their patterns of referral of clients to public assistance programs.

Once publicly supported income-maintenance programs came into existence, following the depression, private agencies began to refer economically deprived clients, thus conserving their resources for other services. The extensive use of referral to public agencies as a way of closing out contact with the poor has been noted in a number of recent studies. Maas, for example, observes that "Proportionately more lower - occupational-status families terminate in consultation or referral" (43, p. 6). Beck notes, "The proportion of cases closing on a planned basis at the end of the first intake interview increases rapidly as social class declines. To some extent," she goes on to say, "this probably reflects merely increased referrals to public agencies for financial

assistance. Probably inappropriate requests for other types of direct service account for additional closings for these groups''(33, p. 34).

The emergence of publicly supported income maintenance agencies is sufficient to account for referrals of low income people by private agencies for relief. The emergence of these programs is not sufficient, however, to explain the tendency of private agencies to act as if such referrals fulfilled their responsibility to poor people.

In 1934, Linton B. Swift (46) described the developing relationship between private family agencies and public agencies. Because the Federal Relief Administration had eliminated subsidies to private agencies for cash relief, a huge proportion of the private agency clientele was shifted to public relief roles. The general public, however, was unwilling to support case work service as part of public relief administration. Hence, public agencies turned to the private sector for such services. Swift favored this pattern of simultaneous service, and urged that it be more widely instituted, saying that private agencies should not duplicate but "supplement" public programs. He called for patterns of public-private services that were:

> ....not mutually exclusive, but... related: thus the adequate administration of relief requires (private agency) case work in some of its aspects: good case work in some situations requires relief resources, and so on. And all these elements in our community program grow out of two basic needs; (1) the necessities of life for individuals in distress, and (2) attention to other handicaps, within the individual or his environment, which hamper his capacity for social self-expression (46, p. 18).

The division of labor -- that is, private agency supplementation of public service -- was, however, short - lived. As the pall of the depression lifted, many private agency clients became economically independent, with the result that the private agency no longer felt constrained to integrate its program with the public agency. A new conception of private case work began to emerge -- one heavily dominated by psychological conceptions of family problems. It tended to eschew the importance of environmental approaches (housing, employment, medical, and other concrete environmental services), leaving responsibility for them to public agencies, despite an awareness that the public

programs were inadequate to the task. The private agency began to limit its responsibility for poor people conducting studies and to giving expert testimony about the current needs of welfare recipients. Now, three decades later, even this "social reform" function often has little priority in the private agency. Jean Rubin (45), of the Public Issues Committee of Family Service Association of America, recently commented on the difficulty of securing the interest of private agency staff members in issues such as public welfare, equality of opportunity, and other matters which most effect the poor:

> We hope these memoranda and materials (on problems of the poor) circulate among the staff ... (of constituent agencies), but we have no control over what happens once they have left our mail room. I must confess that I sometimes feel as though I was putting a message in a bottle and launching it upon the high seas (45, p. 7).

There is no question that it is appropriate for private agencies to help the poor make use of public services: only in the public sector are the necessary economic resources available to meet income-maintenance needs. However, many low-income people who have been referred have had a variety of problems extending beyond income maintenance (e.g., housing, health, employment). Who was to help with these problems? As we have noted, one possibility was that the private agency would define its role as giving continuing service concurrent with referral to a public assistance program. But this happened only for a short time during the depression itself.

What is the evidence revealing the current lack of simultaneous service? First, we have noted that private agencies now refer a great many low-income clients to public agencies. This finding by itself might suggest merely a recognition that the public agency is far better able to meet the income-maintenance needs of the poor. However, it should be stressed that the early termination of contact does not occur because private agencies believe the poor to be without troubles beyond those of income maintenance. "Clearly," Beck observes, "lower-class clients are somewhat more likely than upper-class ones to have an overwhelmingly large number of problems" (33, p. 28). Nevertheless, disengagement from the poor, as the FSAA study makes clear, "occurs even though lower-class clients have somewhat more problems and cases with more

problems generally receive more interviews. It also occurs in a setting where inability to pay for service is no deterrent to treatment" (33, p. 33, emphasis added).

Secondly, these early closings are not at the initiative of the poor. The wealthy are the clients most likely to decide when contact should be discontinued. Where the poor are concerned, it is the agency which planfully disengages from the relationship. Here again, the findings from the FSAA comprehensive survey should be pondered:

> Except for the top class, closings at client initiative dropped as social class declined. In the upper middle class, nearly six cases in ten took the initiative in terminating in contrast to only one in three of the lowest group. Closings at worker initiative, while unusual at any level, were more than twice as frequent at the lowest level than at any other (33, p. 35).

Referrals to public agencies precludes the necessity of dealing directly with the difficult reality problems which the poor bring to their doors. In the private-agency sector, closing a case after the first or second interview is one of the chief ways in which the poor are disengaged. Such closings are typically defined as "consultations" or "referrals." If the former, the case record will usually show that the client was "inaccessible to treatment" or held "unrealistic expectations of the agency's services." Of course, a more effective way of terminating services is to pass the client on to another agency, for the client who is being referred is likely to believe that he is being served rather than simply disengaged, and potential resentment is thus drained off. Such referrals, as we noted, are typically made to public agencies, chiefly to public assistance agencies. As a consequence, the public agencies frequently stagger under virtually unmanageable burdens. Private residential treatment institutions for juvenile delinquents, having made "errors" in intake, "pass on" their difficult cases to the public training schools; settlements and community agencies arrange to have public detached street workers assigned to the more difficult juvenile gangs; family agencies abandon so-called multiproblem families to welfare departments; private hospitals shrug off the chronically ill patients to the back wards of publicly supported custodial hospitals. Thus the public programs

have tended to become the repository for the poor; private agencies have abandoned the neediest segment of society as their chief target.

## Why the Disengagement from the Poor?

How has this situation come to be? Why have private agencies become disengaged from the poor, as we contend they have?

The private agency, we suggest, did not respond to the development of public programs by defining a new role with respect to its traditional clientele, the poor; instead, it moved toward a new clientele, economically more fortunate than the old. At the same time, a new conception of the private agency began to emerge.

Historically, the field of social welfare has been concerned with social problems arising from large-scale immigration, difficulties in the integration of age and sex roles, massive changes in the occupational structure, the unequal distribution of social and economic opportunities, and the like. Social-welfare institutions arose to ease the disturbances produced in the lives of people by these societal dislocations.

At a given time, of course, there are limitations in the resources to help people which the society makes available through agencies and other institutional systems. Hence choices must be made about which problems will be tackled and which will be shelved or ignored. The field of social welfare has generally been guided by the principle that its scarce resources should be allocated for the solution of problems that the people involved cannot be expected to solve for themselves, either because they lack the objective social resources -- money, power, etc. -- to overcome their problems, or because they have become incapable of resolving their difficulties without organized assistance as a result of their prolonged exposure to destructive social forces and their inability to purchase remedial help. These conditions obviously describe the poor, the powerless, and the dispossessed in the society.

The historic decision to give service to low-income people was not based on a belief that middle-income people could not use social services or had no problems. It was based on the conviction that help should be given where the problems are greatest and the capacity to overcome them least. The point is

that the many problems common to all groups in an industrial society are considerably more severe when coupled with extreme and prolonged economic deprivation. Whether the problem in question arises from adolescence, aging, physical disabilities, or any other source, great material deprivation overshadows and worsens it.

In recent years, the profession of social work has been retreating from this position. The literature abounds in statements stressing the private agency's potential for service to all persons, regardless of class, and alluding to the "new mission of private-agency casework." To the extent that it is achieving a representative cross-section of clientele, it is said, the family agency is meeting its true purpose -- to serve the community as a whole -- and thus is becoming a genuine "community agency." There is no discrimination in such an agency, against rich or poor. Those who question whether the field of social work ought to be serving the middle and upper-income groups are told that these groups also have problems, that they too need help, and that social work needs to overcome its historic preoccupation with one class of clientele and give all those in need the benefit of its professional technology. Egalitarianism, in short, has become the guiding ideology of private agencies today.

To account for changes such as these in private agencies -- whether in ideology or in clientele -- it is not sufficient to point to the emergence of massive public programs designed to deal with the problem of poverty. There are still vast unfulfilled needs stemming from severe economic deprivation and associated problems. The shift away from the poor has been concomitant, for example, with the migration to urban centers of extraordinary numbers of economically distressed rural Negroes. It hardly needs to be noted that such movements bring with them enormous problems of hardship and adjustment. There was, and still is, ample opportunity for private agencies to continue programs of financial assistance for many emergency situations, for supplementation of inadequate public-assistance grants, and for other purposes. There was, and is, ample opportunity for private agencies to concentrate their resources on problems experienced by the poor which are not dealt with adequately in public programs, especially in such spheres as medical care, homemaking, housing, and employment. Private agencies were dislocated by the

emergence of public programs, to be sure; but they still had the option of developing new roles in work with their traditional clientele. The fact that these agencies have increasingly turned away from the poor and have attempted to persuade the public that their services should be used by all economic groups cannot, therefore, be explained on the basis of the development of broad public-welfare programs.

Professional Status and the Selection of Clientele

Strains in the occupational status of social work have doubtless exerted an influence on the intake policies of private agencies. The community has been niggardly in allocating professional status to social workers -- a circumstance customarily attributed to the presumed lack of a coherent body of social-work knowledge, to the presumed lack of distinctive social-work technology, and to other presumed deficiencies in the field of social work.

But the status of any profession is to an important extent a function of the status of its clientele, whether that clientele is defined in terms of age, sex, socioeconomic level, or other factors. The dilemma of social workers, like that of, for example, criminal lawyers, is that there is little prestige to be derived from serving groups in the society which are generally defined as lacking moral virtue, ambition, self-reliance, and dignity -- indeed, groups which are often viewed as being composed of "free-loaders" and "chiselers." In effect, the brush which tars social work's clients also tars social workers. The prestige of the public-welfare worker is probably lowest among social workers, only a notch above that of his clients on the dole. Thus the image lingers that social workers are soft-headed, sentimental, and "overhumanitarian" -- and all this chiefly because of their ostensible concern with the poor.

The field has not been unresponsive to these occupational strains. They are a source of pressures toward private practice, toward "clinical" doctorates, and toward professional and legal certification. These same strains have led to marked status distinctions among types of casework and group-work practice -- chiefly between traditional practices and the growing body of therapeutic practices, such as psychiatric social work and group therapy. One caseworker has commented on this tendency as follows:

> The high status in the casework hierachy of the agency

> offering counseling service to clients with emotional problems as against the status of the agency supposedly geared to tangible (i.e., concrete) services should give us pause to reflect on the priorities which casework is setting for itself (48, p. 25).

Thus the search for prestige may have led social workers to upgrade their clientele by socioeconomic position. The price of prestige may well be abandonment of the poor.

Social-Work Technology and Culture Conflict

Social-work technology arose from essentially middle-class conceptions of the universe and is generally practiced by persons identified with these conceptions. Among low-income groups, however, value patterns arise which are adaptive to poverty. Thus a situation of culture conflict exists, mainly along social-class lines, which permeates contacts between agencies and low-income people. Conflicting cultural values generate strains between client and worker, leading progressively to dissociation if not to estrangement. Culture conflict, in other words, is probably one of the chief mechanisms producing disengagement from the poor. This is not a new idea, although professional thinking has yet to feel its full force. Several years ago, a caseworker put the point as follows:

> The predominantly middle-class identification of the present-day social worker has...made him less able to appreciate the client different from himself, whether this difference is culturally based or lies in the different ego capacity of the client....We look for and expect to find in the client's attitude and behavior those norms and deviations that are characteristic of the middle-class society we know, making surprisingly little allowance for different cultural and social orientation....The increasing social and cultural distance between middle-class worker and "other class" clients fosters a communication problem which should be of genuine concern to social work (48, pp. 24-25).

But social agencies have always been dominated by middle-class values. How, then, can a force that has presumably remained constant be invoked to account for the changes in agency ideology and clientele which we have documented? The answer is that the current bases for determining the appropriateness of serving particular groups of clients and judging their receptivity to the services being offered differ substantially from those of

earlier eras. Furthermore, the structuring of relationships between agency representatives and clientele has changed greatly. Together, these two changes have enormously intensified a long-standing culture conflict, making it more evident and more irritating. These changes, we contend, account in large measure for the current disengagement from the poor.

The chief manifestation of these changes is in the development of psychologically based, therapeutically oriented casework technology. If, in an earlier era, the field revealed its middle-class biases in its tendency to discriminate between the morally worthy and unworthy poor, it now exhibits these biases in its tendency to discriminate between the psychologically "accessible" and "inaccessible" poor. The field has substituted middle-class mental-hygiene bases of evaluation for the traditional middle-class moral bases (47). Furthermore, the new technology calls for a strategy of help which requires intense interaction between caseworker and client. Concrete services, offered on a relatively routine basis, were once a sufficient attraction to overcome strains arising from a morally based culture conflict; now this inducement is largely gone. At the same time, the intimate, prolonged, and intensely personal character of the new therapeutic casework sharply reveals the differences between caseworkers and low-income people with respect to value orientations. The more deeply caseworkers and low-income people become engaged with one another, the more clearly are these differences revealed. Strains in relationships are the result.

Culture conflict and barriers to treatment. Strong evidence for the argument being made here can be found in the statistics on those selected for continuing treatment from among those who apply for service. If culture conflict is operating, we should find that lower-class clients are selectively screened out.

Coleman, for example, compared the selection of applicants for treatment in a clinic and in a family agency. He found

> ...no significant differences in the distribution and severity of psychiatric diagnoses in the two agencies. It is important to note, however, that Class V (lowest) patients, regardless of diagnosis, tended to receive less favorable consideration for continued treatment in the clinic, and also in Family Service although to a smaller extent. A surprising. and at this point

> unexplained, finding was the high rejection rate of Class IV applicants in the family agency (34, p. 79).

We might also expect to find that more lower-class applicants are assigned to waiting lists, as a means of disposing of them short of outright rejection. As it happens, the reverse is true, but this exception to our prediction -- Beck to the contrary -- unexpectedly serves to buttress the main argument. The FSAA study shows that upper-class persons are most likely to be assigned to waiting lists ("Thirty-two percent of the highest class were placed on a waiting list, but only 11 percent of the lowest" (33, p. 32). Beck concludes from this finding that the poor are actually being given priority in service:

> The explanation for this seemingly odd finding lies first in the relatively high proportion of lower-class cases involving emergency situations where delay cannot be tolerated. In the second place, many more are referred immediately to public agencies because of their need for financial assistance. It is, therefore, the upper-class families with marital and parent-child problems in their early stages, when casework can be most effective, that most often have to wait for continued treatment. There is certainly no evidence that agencies are favoring upper-clients because they can pay fees (33, p. 32).

To infer that the rich are actually being discriminated against from the fact that they must frequently wait for continued treatment is a marvelous bit of social rationalization, because the truth is that low-income applicants are less likely to get continued treatment whether they wait or not. The FSAA report notes, "In general, the average number of interviews decreases as social-class status declines....The drop is from an average of nearly eleven interviews per case in the top class to less than six for the lowest" (33, p. 33). The poor, in other words, are not placed on waiting lists as often as the wealthy partly because they do not receive continued service as often or as long as the higher classes. Their cases are quickly disposed of without simultaneous continuation of treatment. Placing clients on waiting lists has the effect, whether intended or not, of favoring the wealthy over the poor in access to continued service.

In the Milwaukee Family Service Study of Continued Treatment Service Cases, "Seventy-five percent (of the 200 cases studied) were in the middle or lower-middle class. The former includes small proprietors, white-collar people

and semi-skilled workers. The remaining 25 percent is split between...the upper-middle class and the lower class" (39, p. 2). In other words, only 12 percent of the total cases in treatment were drawn from the lower class.

That these selective tendencies are not accidental is suggested by the Milwaukee study, for "the social class of the client seems to affect casework evaluation, diagnosis and prognosis. The worker's judgment of treatability becomes increasingly pessimistic as we move from upper-middle class clients to lower-class clients" (39, p. 3).

It should be pointed out that the tendency to select higher-income people for continuing treatment is not limited to private agencies. It has also been noted in public agencies in which the decision to treat is discretionary with treatment personnel. In 1954, to take one illustration, a study was published by the Institute for Juvenile Research, a tax-supported child-guidance clinic available at no cost to all residents of Illinois. Like many of the studies of intake cited earlier, the IJR study shows that a representative cross-section of the total population applies for service. However, the characteristics of those who actually receive treatment are far from representative (see Table XII). On the basis of these data,

Table XII

Distribution of Children
Offered Treatment, by Family Income

| Income Structure | Accepted for Treatment | Applicants |
|---|---|---|
| High | 47.3% | 29.5% |
| Middle | 27.7 | 33.0 |
| Low | 25.0 | 37.5 |

Source: Sylvia Stevens, "An Ecological Study of Child Guidance Intake," Smith College Studies in Social Work, XXV, 1 (October 1954), p. 82.

the IJR study concludes, "Even though income level...(does) not affect intake, (it influences) the probability of entering treatment" (50, p. 82). This evidence

strongly suggests that the disengagement from the poor by private agencies may be caused, not by the division of labor between public and private agencies, but by something in the nature of professional technology that exerts pressure for disengagement whatever the setting.

Conflicting definitions of problems and solutions. The decision to offer continued treatment probably depends upon a judgment by the agency that the client is accessible, amenable, or otherwise suited to make use of a highly structured casework relationship. This decision appears to be greatly influenced by the class of the client, as we have shown. The direct correlation between social class and chances of receiving continued treatment can probably be explained, in turn, by class differences in socialization. In general, the higher his social class, the more likely it is that the client will exhibit values which, in the judgment of agencies, are congenial to a casework relationship. This decision thus reflects a fundamental class-based culture conflict.

As might be expected, clients from different social classes hold rather different definitions of their problems and the appropriate solutions to them. Maas, for example, concluded from his studies that "the managerial and professional workers or college-educated parents tended to expect the 'mother-father-child' approach. The white-collar workers tended to expect the 'mother-and-child' approach. The skilled, semi-skilled, and unskilled workers and 'high school and below'-educated parents tended to expect a 'child-only' approach" (43, p. 68). In these and other respects, social classes have been found to differ in orientation.

The chief point to be made about such differences is that the typical agency exhibits a point of view which accords more with the view prevailing in the middle and upper classes than with that characteristic of the lower classes. The lower-class emphasis on a "child-only" approach is least congenial with current casework thinking. In this vein, Beck reports:

> Agreement on the principal problem in the first interview dropped from 64 percent in the upper three class groups to 52 percent in the lowest. Agreement on the principal problem was relatively frequent when the problem was in the family relationship area or in such obvious situations as old age, physical illness or handicap, or unmarried parenthood. Worker agreement was low when the client saw the principal

> problem as one of employment or the personality adjustment of a child (33, p. 30).

The increasing tendency of private agencies to define client-problem priorities in heavily psychological terms has been accompanied by a reduction in the amount of agency resources allocated to the provision of concrete services. But low-income clients are buffeted by many environmental problems, they define their problems in concrete terms, and thus they seek concrete remedies. Hence a broad area of conflict exists which has been noted in several studies.

The FSAA study dramatically documents the lack of congruence between the expectations of agencies held by low-income clients and the actual services offered:

> In general, client requests do not match closely the services offered. Casework service, which is the core service of Family Agencies, is requested by 86 percent of the top class but only 55 percent of the lowest. Perhaps it is hard for a lower-class applicant to conceive of being helped merely by a talking process. Requests for financial assistance follow the reverse pattern and rise steeply as social class declines. Even though few agencies any longer give any substantial amount of financial assistance, 31 percent of the applicants from the lower class still ask for such aid (33, p. 31).

Lower-class people also ask for more help in a variety of other reality areas, including "physical illness or handicap, substitute care of children, housing, old age, etc." (33, p. 29). When Beck compared worker-client agreement levels on all problems, not just on the principal problem, the following results were obtained:

> Agreement on all problems dropped from 49 percent to 34 percent as social class declined. In the areas of family relationship and individual personality problems, workers reported one or more problems in many instances where no corresponding client concern was noted. As social class declined, discrepancies of this type became progressively more frequent. Apparently lower-class clients are less prone than others to define their problems in these terms. Instead they are accustomed to seek solutions through some type of environmental change or concrete service (33, p. 30).

The FSAA report goes on to observe, "These marked differences between client expectations and the services actually provided pose a real problem for agencies, particularly in relation to services to the lower-class groups" (33, p. 31).

These and similar statements in other research reports are extraordinary for several reasons. For one thing, they speak of social casework as a thing apart from concrete services; casework appears to have become a "talking process" in many agencies. Secondly, the very tentativeness of conclusions about the importance of concrete services in helping the poor bespeaks an unfamiliarity with the problems of people in poverty that is remarkable in a field which has made the elimination of poverty and its consequences one of its central aims.

The tendency of low-income clients to view their problems and the solutions to them in terms of concrete services appears to be an important basis for refusing continued service to them. In a study of 295 initial telephone contacts in 12 family service agencies (where there was no previous information about the callers), it was found that applications focused on problems of family relations were more likely to be made cases than any others (85%). Applications centered on personality problems, old age or physical illness, or substitute care of children were also likely to be made cases. Of the sizable group of applications in which economic problems were central (and these are most likely to be lower-class persons), only 65 percent were made intake cases (37, p. 8).

Ann Shyne, summarizing the results of a number of studies of continuing treatment, lists four factors associated with continuance and four associated with early termination:

> Associated with continuance beyond a single interview were: (1) a request by the client for help with problems primarily of a psychological or interpersonal nature; (2) favorable response by the client to the worker's proposal for solution or treatment of the basic problem: (3) indication by the client that he saw the worker as a source of help in working through his own thoughts and feelings about the problem; and (4) movement forward during the interview in acceptance of the worker in a counseling role. Conversely, associated with termination after one interview were: (1) a request for help with problems of other than a psychological or interpersonal nature; (2) noncommittal or negative response to the worker's proposal for solution; (3) a conception of the worker

> as a source of concrete service; and (4) failure to move forward in accepting the worker in a counseling role (49, p. 225).

The chief point is that conflicting definitions of problems and solutions lead to strains in the relationship between social workers and low-income clients. As a consequence, disengagement occurs -- disengagement by workers because they probably do not feel that clients can make effective use of service, and disengagement by clients because they probably do not feel that available services have a significant bearing upon the resolution of their problems.

The general conditions of life among the lower classes tend to produce modes of family structure, sex-role differentiation, values, language forms, ways of relating to one another, and the like which differ significantly from the more familiar and widely diffused patterns of middle-class life. In particular, the poor focus on the problem of survival, not because they are personally deficient, but because that is precisely the problem facing them. They often find incomprehensible the belief that natural and social forces can be harnessed and controlled, precisely because the experience of their lives -- as contrasted with the lives of middle-class people -- tells them that such pressures can only be endured. If their life conditions change -- if their opportunities are enlarged -- their values will change. But meanwhile they will adopt patterns of values and behavior which enable them to adjust, to accommodate in a reasonable fashion to their particular conditions of life. In this connection, Coleman notes:

> It is known to clinicians that psychological self-concern is in a sense a social luxury; that is, that it is dependent on the presence of a certain minimum of material and external security. In the presence of real, excessive deprivations and threats, the individual knows only one imperative, and that is to find ways of obtaining basic supplies and of escaping danger -- of protecting himself against the bombardment of external stimuli (34, p. 3).

In short, many low-income people probably regard as impractical the notion that a person in trouble can improve his circumstances through a better understanding of himself and the way in which he presumably contributes to his own problems. Members of this group value skills in coping with deprivation and uncertainty. They lack or do not value the personality attributes and skills required to make effective use of social-work technology -- introspection,

insight, verbal facility, and the capacity to use formalized, professional relationships. Such skills are much more likely to be the product of middle-class socialization. Thus, in many ways of which the field has not been sufficiently mindful, casework technology has become class-bound.

These are the terms, then, in which we account for the current disengagement from the poor by private agencies. In addition to status pressures, we suggest that the chief source of this disengagement is a culturally inflexible psychoanalytic technology. The private-agency field, having developed a new conception of casework, seeks out a clientele who can make use of it. Hence it moves toward those whose socialization is compatible with the new technology -- the middle class. The field may know how to deal differentially with various types of small group or various types of personality dysfunction, but it does not know how to deal with people who have not been prepared in advance to use its technology. Coleman, commenting on the high percentage of cases in the lowest class group that were closed at intake, singles out as "...the most important factor...the attitudes of therapists toward their patients..." (34. p. 79).

> When a patient does not respond to the characteristic procedures that the therapist has learned to use in introducing him to the therapeutic situation, the tendency seems to be to react to the patient with indifference or veiled hostility and rejection, rather than to question the procedures. A person is apparently expected to meet certain requirements before he will receive approval as a patient. He must recognize that he has a problem relevant to the interest of the agency, that he is concerned about it and that he wants the kind of help the therapist is interested in giving him; furthermore, he must recognize the therapist's authority without its being explicitly imposed upon him. He must be prepared in a sense to do what the therapist wants him to do without having to be told what is expected.... In dealing with a great many patients, we shall be clearly at an impasse if we evaluate treatability by the extent to which a patient is able to comply with largely unverbalized requirements, derived from (middle-class) sociocultural and educational experience (34, p. 79).

To help lower-class people, social work must construct a strategy of service which grows out of their patterned ways of understanding, perceiving, and

grappling with the realities of their lives. A not-inconsiderable literature now exists which describes the life-styles of low-income people. In order to reverse the movement away from the poor by private casework agencies, these findings must be used systematically in the revision of problem classifications, the modification of service strategies, and the development of a different pattern of relations between the private and public sectors.

## Conservative Explanations of the Disengagement from the Poor

It is characteristic of human societies that social problems of various kinds are defined as resulting, not from institutional inadequacies, but from the presumed moral, social, or psychological defects of the people implicated in those problems. To the extent that these definitions are successfully imposed, criticism is deflected from the social order and support is mobilized for the maintenance of the existing system of social arrangements. Hence such definitions are essentially conservative; they tend to preserve the institutional status quo. Social-welfare institutions are not exempt from this general tendency.

That a general disengagement from the poor has occurred in the private-welfare sector seems clear. If our analysis has any merit, at least some of the reasons for this disengagement are to be found in various agency practices, such as the decline in emphasis on concrete service and the increasing use of psychotherapeutic techniques, with all that this has meant for intensified culture conflict. But how is the problem of disengagement usually defined? How do agencies typically explain their failure to work effectively with the poor?

For the most part, the field has been content to assume that the sources of the problem reside with the poor themselves. It says that they are "hard to reach" -- a definition of the situation which has become extremely popular in recent years. To illustrate this tendency, let us cite some common explanations for disengagement.

A frequently advanced explanation is that the poor generally lack awareness of their problems and of the ways in which professional help can be used to

overcome them. For this reason, presumably, they do not seek help. In the Berkeley study, an effort was made to determine whether a relationship exists between social class and awareness of problems. Respondents from residential areas of varying economic characteristics were asked whether they knew of anyone who had problems in the following spheres: marital relationships, emotionally disturbed children, child care, well-baby care, medical care, and use of leisure time. The study findings indicate: "Although the lower socio-economic tracts...appear to have the highest incidence of problems, there is no greater awareness of problems by persons of low socioeconomic status..." (44, p. 38). Wolins draws two "possible conclusions...from the noncorrespondence of problem volume ... and the population's awareness of problems." He notes:

> First, problem rates comprising the social breakdown index are taken from sources which may be more likely to register problems of persons of lower socio-economic status than of higher status. Higher status may, in other words, be a deterrent to an individual's having a problem or attaining recognition as a problem carrier.... Secondly, if the first conclusion is a false one and problems are fully reflected in the breakdown statistics, then the lower socio-economic person is less aware of the problems which surround him and/or less likely to express awareness (44, p. 39).

There is, of course, a further possibility. What people come to define as problems may have something to do with their life conditions. Had the classification of problems to which people were asked to respond included unemployment, inadequate housing, and the like, it is possible that low-income people would have expressed greater awareness than other people in their community. Indeed, the studies previously cited make it abundantly clear that the chief problem that the private agency encounters in dealing with low-income people stems from their persistence in making, as the FSAA study puts it, "inappropriate requests...for direct service" -- which is to say, requests for help with a multitude of concrete reality problems of which they are apparently very much aware (33, p. 34).

Another common explanation is that the poor are so unsophisticated in regard to mental hygiene that they do not seek or effectively use casework services.

The FSAA study suggests:

> Probably people who have had the advantage of extended education appreciate more than do those of limited background the importance of seeking professional help on personal and family problems. They may likewise find it a little easier to formulate and explain their problems verbally to a caseworker (33, p. 9).

The Institute of Juvenile Research study takes a similar view of the poor: among low-income groups, "the chief concern...is with economic well-being and, because of this 'practical-mindedness,' emotional problems are often overlooked" (50, p. 81). But perhaps it is not so much that the poor tend to overlook emotional problems in their inappropriate preoccupation with environmental problems as it is that practitioners tend inappropriately to define the environmental problems of the poor in psychological terms. Differing life conditions produce differing values and patterns of behavior. And such differences, when they are exhibited by people low in a system of social classes, will be regarded as moral or psychological or social defects. Low-income people, for example, often tend to make external attributions of causality -- to believe that the difficulties which afflict them are the consequence of outside forces and pressures. Middle-class people, by contrast, are more likely to attribute causality to inner forces. Persons who exhibit the latter value orientation are usually defined by agency workers as psychologically conforming. In particular, agency workers define as "projecting" those who voice a belief that problems of living are generated by arbitrary and capricious external forces. Referring to clients who received only one interview, the bulk of whom were in the lower class, Ann Shyne writes:

> It was found that an overwhelming proportion phrased their problems in terms of the need of another family member or a tangible need, with little more than one in ten phrasing their requests in terms of difficulties in inter-personal relations, although most of the requests were considered (by caseworkers) to stem from problems in family living. This corroborates the (findings of other studies) of a predominance of attitudes of "projection" among one-interview cases (49, p. 225).

To say that lower-class clients "project" is in effect to call individual

personality into question as an explanation of widespread disengagement. Thus the Milwaukee study reports "a continuous increase in the proportion of clients who are (defined by caseworkers as) rejecting, resistant, and evasive as we move from the upper-middle class to the lower class. Of those who are receptive, there is also a continuous increase in the number who are not strongly motivated (as defined by caseworkers)" (39, p. 3).

Aside from the pervasive culture conflict to which we have pointed, and which is frequently misinterpreted as representing resistance and evasion, there may be other socially structured sources of strain and hostility between private-agency workers and low-income clients. For example, the way in which a person gets to a social agency -- whether voluntarily or under duress -- undoubtedly is an important determinant of his initial attitudes toward the agency. His attitudes may therefore reveal less about the individual's basic capacity to use agency services than about the processes by which he was led to the intake interview. We may ask, then, how clients are recruited and what consequences different recruitment patterns have for attitudes and expectations. In the FSAA study, the following class differences in recruitment were identified:

> To the surprise of many, those coming because they had found the agency listed in the phone book were highest in social status. Those referred by private physicians and psychiatrists ranked second in this respect. Probably upper-class adults are more accustomed than others to locating help on their own initiative either through use of directories or through consultation with the medical profession. Clients coming because of what they had seen or heard through the mass media were predominantly from the middle or lower-middle-class groups. So also were those referred or steered to family agencies by other community organizations, such as schools, churches, and social and health agencies of other types. Over half of those coming on the informal advice of friends or relatives, on the other hand, were from the lower class. About three in four of those sent by lawyers, courts, police, and parole officers were from this same group (33, p. 27).

Concerning the relationship between occupational status and source of referral, the Maas study indicates that

> Self-referrals (to the New York agencies studied)

> tend to be more frequent than expected in the two higher occupational statuses and less frequent in the two lower occupational statuses; upper-occupational-status families who are medically referred tend to come through a private physician, and lower-occupational-status families, through hospitals and clinics; and court referrals tend to be less frequent in the two higher occupational statuses and more frequent in the two lower occupational statuses. The San Francisco data on occupational status and referral source reveal a comparably significant relationship. Again one finds that self-referrals and referrals by private physicians, hospital clinics, and courts, as well as social agencies, offer families in different occupational statuses somewhat different routes for entry to the clinic (43, pp. 51-52).

Sylvia Stevens, in her study of child-guidance intake in Chicago, also directs attention to this area:

> ...the lower-income group has a disproportionately higher number of referrals from the Juvenile Court, social agencies and the schools, while the upper groups have a disproportionately higher number from private doctors and self-referrals. This would tend to verify the prediction that the upper-class groups are more sophisticated in regard to mental hygiene and utilize available resources voluntarily, while the lower class tend to come to the clinic because of pressure from social institutions. It may therefore be concluded that referral source of the clinic's intake is influenced by income level of neighborhood residence (50, p. 80).

Two points should be made about such findings. First, the resistance and suspicion ostensibly felt by involuntary lower-class recruits may have a great deal of basis in reality, for the public agencies of social control (police, courts, etc.) are not noted for their humane and dignified treatment of low-income people. Failure to take the institutional sources of resistance and suspicion into account may lead to invidious definitions of the low-income client as hostile. Secondly, it is methodologically inappropriate to draw conclusions about the lower-class client as such when we are obviously dealing with two rather different groups -- those who are in difficulty with the agencies of social control, and those who are not. Findings about lower-class attitudes toward agencies would be much more useful if they were controlled by voluntary or involuntary character of referral.

TABLE XIII

Class Distribution of Intake, by Referral Source

| Referral Source | Class of Client | | | |
|---|---|---|---|---|
| | Low | Middle | High | Total Referrals |
| Juvenile Court | 45.8% | 33.4% | 20.8% | 12.0% |
| Social agencies | 49.0 | 27.4 | 23.6 | 27.5 |
| School | 48.4 | 24.3 | 27.3 | 16.5 |
| Private doctor | 26.3 | 39.5 | 34.2 | 19.0 |
| Self | 22.0 | 40.0 | 38.0 | 25.0 |
| All referrals | 37.5 | 33.0 | 29.5 | 100.0 |

Source: Sylvia Stevens, "An Ecological Study of Child-Guidance Intake," Smith College Studies in Social Work, XXV, 1 (October 1954), p. 80.

These are some of the terms, then, in which the current disengagement from the poor is being defined in the private sector. As this disengagement has progressed, a category of persons has been created whom the field invidiously refers to as the "hard-to-reach." But we might also consider whether the problem is not, at least in part, one of "hard-to-reach services" -- of a structured incapacity on the part of contemporary agencies to give effective service to the poor. It is all too easy to blame failures in service upon the apparent intractability, recalcitrance, apathy, resistance, or lack of sophistication of the low-income client, when in fact the poor are not necessarily any less capable of being helped than are other groups in the social structure. As one caseworker has said, we "have hidden too long behind the facade of 'client failure' in the problem cases where we have been unsuccessful.... We have assumed that our failures were inevitable and have excused ourselves from looking at our contributions to them" (48, p. 29). The problem may be that the field has increasingly developed a strategy of help which is neither practicable for nor congenial to the needs and interests of the low-income person. It should

be remembered that the so-called multiproblem family is fundamentally a multideprived family, and the difference in connotation is of no small consequence. Indeed, the multideprived family is all the more deprived because it is denied effective and meaningful service by those in the private sector who speak in its name. If this is so, and it appears to be, there is great cause for concern.

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